

Effective Health Care

Management of Binge Eating Disorder Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, Management and Outcomes of Binge Eating Disorder, will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to http://effectivehealthcare.ahrg.gov/index.cfm/join-theemail-list1/.

Topic Description

Nominator(s): Organization

Nomination Summary:

In 2006, AHRQ published a systematic review on Management of Eating Disorders. In December 2012, the American Psychiatric Association recognized BED as a distinct eating disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). A substantial body of new treatment and outcomes research has been published since the last review, and, because of the increased focus on BED at this time, the nominator states that it is "crucial that patients, practitioners, and researchers have access to an up-to-date synthesis of the evidence."

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Population(s): Male and female adolescents (ages13–17) and adults (age 18+) who meet either DSM-IV or DSM-5 equivalent criteria for BED. In relation to subgroups, of particular interest is evidence specific to men, Hispanic and African American populations, and bariatric surgery patients.

Intervention(s): Pharmacotherapy, including, but not limited, to second generation antidepressants, appetite suppressants, or anticonvulsants. Psychological interventions include cognitive-behavioral approaches, lifestyle changes, and interpersonal psychotherapy. Of particular interest are differences in dosage, duration, and format of psychological interventions (frequency of sessions, individual or group format, therapistled or self-help).

Comparator(s): Placebo, wait list control, one of the other interventions listed above or variations in one of these interventions.

Outcome(s): Cessation or reduction in binge eating behavior, reductions in weight, type 2 diabetes, psychiatric symptoms and gastrointestinal symptoms, and improved quality of life. Potential harms of psychological treatment include worsening of BED (and/or

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associated symptoms) with premature dropout. Pharmacotherapy potential harms include sedation, dry mouth, headache, nausea, insomnia, diarrhea, fatigue, increased urinary frequency, sexual dysfunction, abnormal dreams, sweating, palpitations, arrhythmia, cramping/diffuse pain, and weight gain. Potential harms from combination treatments could include harms from both the psychological and pharmacological interventions.

Key Questions from Nominator:

- 1. What is the evidence for the effectiveness of treatments or combination of treatments for BED?
- 2. What is the evidence of harms associated with treatment or combination of treatments for BED?
- 3. What factors are associated with the effectiveness of treatment among patients with BED?
- 4. Does the effectiveness of treatment for BED differ by sex, gender, race, ethnicity, or cultural group?
- 5. What are the outcomes of BED?
- 6. Do outcomes differ by sex, gender, race, ethnicity, or cultural group?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.)
- The American Psychiatric Association has recognized BED as a distinct eating disorder in the newly released DSM-5. BED is associated with important medical and psychiatric morbidities, including obesity, type 2 diabetes, hypertension, major depression, and anxiety disorders. Despite the prevalence and symptom burden associated with BED, knowledge of the most effective treatment options is limited.
- Given the recognition of BED as a formal eating disorder and the availability of new evidence regarding management, a systematic review would be timely and highly relevant to informing individuals with BED.

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